

**MANIPALCIGNA PRIME SENIOR**

**CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

This document provides key information about your policy. You are also advised to go through your policy document.

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number														
1	Name of Insurance Product/Policy	<b>ManipalCigna Prime Senior - Classic</b>															
2	Policy Number	xxxxxxx															
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> <li>• <b>Both indemnity and Benefit</b> (Where the policy has elements of both)  <b>Indemnity</b> - Where insured losses are covered up to Sum Insured under the policy.  <b>Benefit</b> - Where the Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.</li> </ul>															
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li>• <b>Individual Sum Insured</b> - Where each insured member has a separate sum insured the policy, <table border="1" data-bbox="474 1055 1337 1256"> <thead> <tr> <th>Insured Name</th> <th>Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td>&lt;Insured Name 1&gt;</td> <td>xxxxx</td> </tr> <tr> <td>&lt;Insured Name 2&gt;</td> <td>xxxxx</td> </tr> <tr> <td>&lt;Insured Name 3&gt;</td> <td>xxxxx</td> </tr> </tbody> </table> </li> <li>Or</li> <li>• <b>Floater Sum Insured</b> - Where all members under the policy have a single sum insured limit which may be utilized by any or all members. <table border="1" data-bbox="474 1429 1337 1630"> <thead> <tr> <th>Insured Name</th> <th>Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td>&lt;Insured Name 1&gt;</td> <td rowspan="3">xxxxx</td> </tr> <tr> <td>&lt;Insured Name 2&gt;</td> </tr> <tr> <td>&lt;Insured Name 3&gt;</td> </tr> </tbody> </table> </li> </ul>	Insured Name	Sum Insured (in Rs)	<Insured Name 1>	xxxxx	<Insured Name 2>	xxxxx	<Insured Name 3>	xxxxx	Insured Name	Sum Insured (in Rs)	<Insured Name 1>	xxxxx	<Insured Name 2>	<Insured Name 3>	
Insured Name	Sum Insured (in Rs)																
<Insured Name 1>	xxxxx																
<Insured Name 2>	xxxxx																
<Insured Name 3>	xxxxx																
Insured Name	Sum Insured (in Rs)																
<Insured Name 1>	xxxxx																
<Insured Name 2>																	
<Insured Name 3>																	

<b>5</b>	Policy Coverages (What the policy covers?)	<p><b>1. In-patient Hospitalization</b>                  Room Rent: Covered up to Single Private A/C Room                  For ICU - Covered up to Sum Insured                  This benefit shall also offer the below covers up to the limits mentioned:</p> <p>a. Listed Modern and Advanced Treatments: Up to Sum Insured                  b. HIV/AIDS &amp; STD: Up to Sum Insured                  c. Mental Illness: Up to Sum Insured                  For below mentioned ICD Codes: Waiting Period of 24 months shall apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">ICD 10 CODES</th> <th style="text-align: center;">DISEASES</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">F05</td><td>Delirium due to known physiological condition</td></tr> <tr><td style="text-align: center;">F06</td><td>Other mental disorders due to known physiological condition</td></tr> <tr><td style="text-align: center;">F07</td><td>Personality and behavioural disorders due to known physiological condition</td></tr> <tr><td style="text-align: center;">F20</td><td>Schizophrenia</td></tr> <tr><td style="text-align: center;">F23</td><td>Brief psychotic disorders</td></tr> <tr><td style="text-align: center;">F25</td><td>Schizoaffective disorders</td></tr> <tr><td style="text-align: center;">F29</td><td>Unspecified psychosis not due to a substance or known physiological condition</td></tr> <tr><td style="text-align: center;">F31</td><td>Bipolar disorder</td></tr> <tr><td style="text-align: center;">F32</td><td>Depressive episode</td></tr> <tr><td style="text-align: center;">F39</td><td>Unspecified mood [affective] disorder</td></tr> <tr><td style="text-align: center;">F40</td><td>Phobic Anxiety disorders</td></tr> <tr><td style="text-align: center;">F41</td><td>Other Anxiety disorders</td></tr> <tr><td style="text-align: center;">F42</td><td>Obsessive-compulsive disorder</td></tr> <tr><td style="text-align: center;">F44</td><td>Dissociative and conversion disorders</td></tr> <tr><td style="text-align: center;">F45</td><td>Somatoform disorders</td></tr> <tr><td style="text-align: center;">F48</td><td>Other nonpsychotic mental disorders</td></tr> <tr><td style="text-align: center;">F60</td><td>Specific personality disorders</td></tr> <tr><td style="text-align: center;">F84</td><td>Pervasive developmental disorders</td></tr> <tr><td style="text-align: center;">F90</td><td>Attention-deficit hyperactivity disorders</td></tr> <tr><td style="text-align: center;">F99</td><td>Mental disorder, not otherwise specified</td></tr> </tbody> </table>	ICD 10 CODES	DISEASES	F05	Delirium due to known physiological condition	F06	Other mental disorders due to known physiological condition	F07	Personality and behavioural disorders due to known physiological condition	F20	Schizophrenia	F23	Brief psychotic disorders	F25	Schizoaffective disorders	F29	Unspecified psychosis not due to a substance or known physiological condition	F31	Bipolar disorder	F32	Depressive episode	F39	Unspecified mood [affective] disorder	F40	Phobic Anxiety disorders	F41	Other Anxiety disorders	F42	Obsessive-compulsive disorder	F44	Dissociative and conversion disorders	F45	Somatoform disorders	F48	Other nonpsychotic mental disorders	F60	Specific personality disorders	F84	Pervasive developmental disorders	F90	Attention-deficit hyperactivity disorders	F99	Mental disorder, not otherwise specified	D.I.1
		ICD 10 CODES	DISEASES																																										
F05	Delirium due to known physiological condition																																												
F06	Other mental disorders due to known physiological condition																																												
F07	Personality and behavioural disorders due to known physiological condition																																												
F20	Schizophrenia																																												
F23	Brief psychotic disorders																																												
F25	Schizoaffective disorders																																												
F29	Unspecified psychosis not due to a substance or known physiological condition																																												
F31	Bipolar disorder																																												
F32	Depressive episode																																												
F39	Unspecified mood [affective] disorder																																												
F40	Phobic Anxiety disorders																																												
F41	Other Anxiety disorders																																												
F42	Obsessive-compulsive disorder																																												
F44	Dissociative and conversion disorders																																												
F45	Somatoform disorders																																												
F48	Other nonpsychotic mental disorders																																												
F60	Specific personality disorders																																												
F84	Pervasive developmental disorders																																												
F90	Attention-deficit hyperactivity disorders																																												
F99	Mental disorder, not otherwise specified																																												
	<p><b>2. Pre - hospitalization</b>                  Medical Expenses Covered up to 30 days before the date of hospitalization; Covered up to the Sum Insured.</p> <p><b>3. Post - hospitalization</b>                  Medical Expenses Covered up to 60 days post discharge from the hospital; Covered up to the Sum Insured.</p> <p><b>4. Day Care Treatment</b>                  Covered up to the Sum Insured</p> <p><b>5. Domiciliary Hospitalization (Treatment at Home)</b>                  Covered up to Sum Insured                  Pre and Post Hospitalization Expenses: 30 days each</p>	D.I.2  D.I.3  D.I.4  D.I.5																																											

		<p><b>6. Road Ambulance (Reimbursement of Ambulance Expenses)</b> Covered up to the Sum Insured</p> <p><b>7. Donor Expenses (Hospitalization Expenses of the donor providing the organ)</b> Covered up to the Sum Insured including:</p> <ul style="list-style-type: none"> <li>• Pre &amp; Post Hospitalization expenses (Up to 30 days each) of the donor</li> <li>• Cost towards donor screening once in a Policy year for successful transplant</li> <li>• Complications arising during hospitalization or up to 30 days from date of discharge - Up to 25% of SI subject to maximum of ₹2 Lacs, Over and above Sum Insured</li> </ul> <p>We will not cover expenses towards the Donor in respect of cost associated to the acquisition of the organ</p> <p><b>8. AYUSH Treatment (In-patient Hospitalization)</b> Covered up to the Sum Insured.</p> <p><b>Value Added Covers</b> This section lists the additional value added benefits that are available along with your plan</p> <p><b>1. Tele-Consultation</b> Unlimited Tele-consultation including specialist during the Policy Year.</p> <p><b>2. Cumulative Bonus</b> Bonus of 10% per claim free year, subject to a maximum up to 100% of sum insured. In case of a claim, the accumulated Cumulative Bonus shall not reduce.</p> <p><b>3. Discount from Network Providers</b> Discount on Pharmacy, Diagnostics, Medical Devices, Health Supplements and other health-related services offered by the Network Providers of ManipalCigna Health Insurance Company Limited.</p> <p><b>4. Health Check Up</b> Once after every claim free year For Sum Insured up to 10 Lacs: Up to ₹2,000 per insured member For Sum Insured above 10 Lacs: Up to ₹2,500 per insured member Available from 2nd year onwards. The Health Check-up shall be offered on cashless basis only. However, the eligible insured may avail health check from the MCHI Network of Health Check Up Center up to the limit specified</p> <p><b>Optional Covers (Available if opted)</b> This section lists the available optional covers under your plan and the limits under each of these options</p> <p><b>1. Any Room Upgrade</b> The Insured Person shall be eligible to upgrade the room type category eligibility under the Policy to “Any Room Category” in a Hospital.</p>	<p>D.I.6</p> <p>D.I.7</p> <p>D.I.9</p> <p>D.II.2</p> <p>D.II.3</p> <p>D.II.5</p> <p>D.II.6</p> <p>D.III.1</p>
--	--	---	---

		<p><b>2. Premium Management</b> (Not available on Opting 'Any Room Upgrade' Optional Cover) Room Rent: Covered up to ₹3000 per day For ICU - Covered up to Sum Insured</p> <p><b>3. Restoration of Sum Insured</b> (When opted Sum Insured is insufficient due to claims) (Applicable for Sum Insured 5 Lacs and above) Multiple Restoration is available in a Policy Year for all illnesses, whether unrelated or same, in addition to the Sum Insured Applicable for below covers only a) D.I.1 - In-patient Hospitalization b) D.I.2 - Pre - hospitalization c) D.I.3 - Post - hospitalization d) D.I.4 - Day Care Treatment e) D.I.6 - Road Ambulance f) D.I.7 - Donor Expenses g) D.I.9 - AYUSH Treatment h) Non-Medical Items (if ManipalCigna Health 360 Shield is opted and applicable) Restoration shall not get triggered for the 1st claim The maximum liability under a single claim shall not be more than Base Sum Insured + Cumulative Bonus + Restored Sum Insured</p> <p><b>4. Reduction in PED waiting period</b> Option to reduce the PED waiting period to 90 Days.</p> <p><b>5. Deductible</b> Deductible of ₹10,000, ₹25,000, ₹50,000, ₹1,00,000, ₹2,00,000, ₹3,00,000, ₹4,00,000 or ₹5,00,000 can be opted at the inception or during any Renewal of the Policy. For Deductible of ₹10,000, the cover can be opted either at inception or can be opted or removed at the time of Policy Renewal. For Deductible of ₹25,000 and above, the cover can be opted either at inception or can be opted or removed at the time of Policy Renewal. On opting out of deductible of ₹25,000 and above, the enhanced coverage during any policy renewals will not be available for an illness, disease, injury already contracted under the preceding Policy Periods or earlier. All waiting periods as applicable under the base policy shall apply afresh for this enhanced limit from the effective date of such enhancement.</p> <p><b>Add on cover(Rider) (If Opted)</b> This section lists the Add on cover available under your plan</p> <p><b>1. ManipalCigna Health 360 Add On Cover (UIN: MCIHLIA23023V012223)</b></p> <p><b>a. ManipalCigna Health 360-Shield:</b> Coverage available for NME and DME NME: covered up SI as part of base SI DME: Listed DME covered up to ₹1 Lac</p>	<p>D.III.2</p> <p>D.III.3</p> <p>D.III.4</p> <p>D.III.5</p> <p>Add on policy wordings</p>
--	--	---	---

		<p><b>b. ManipalCigna Health 360-OPD:</b></p> <ul style="list-style-type: none"> <li><b>i. Package 1:</b> Get cover for doctor consultations on cashless basis within the OPD Sum Insured.</li> <li><b>ii. Package 2:</b> Get coverage for doctor consultations and prescribed diagnostics on cashless basis within the OPD Sum Insured.</li> <li><b>iii. Package 3:</b> Get coverage for doctor consultations, prescribed diagnostics and pharmacy on cashless basis within the OPD Sum Insured. Pharmacy limit is 20% of the OPD Sum Insured.</li> </ul>	
<p>6</p>	<p><b>Exclusions (What the policy does not cover)</b></p>	<ol style="list-style-type: none"> <li>1. Investigation &amp; Evaluation - Code - Excl. 04</li> <li>2. Rest Cure, rehabilitation and respite care - Code - Excl. 05</li> <li>3. Obesity/ Weight Control: Code - Excl. 06</li> <li>4. Change-of-Gender treatments: Code - Excl. 07</li> <li>5. Cosmetic or plastic Surgery: Code - Excl. 08</li> <li>6. Hazardous or Adventure sports: Code - Excl. 09</li> <li>7. Breach of law: Code - Excl. 10</li> <li>8. Excluded Providers: Code - Excl. 11</li> <li>9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code - Excl. 12</li> <li>10. Treatments received in health hydros, nature cure clinics, spas or similar establishments. Code - Excl. 13</li> <li>11. Dietary supplements and substances that can be purchased without prescription. Code - Excl. 14</li> <li>12. Refractive Error: Code - Excl. 15</li> <li>13. Unproven Treatments: Code - Excl. 16</li> <li>14. Sterility and Infertility: Code - Excl. 17</li> <li>15. Maternity: Code - Excl. 18</li> <li>16. Dental Treatment, orthodontic treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way, unless specifically covered under the Policy.</li> <li>17. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident.</li> <li>18. Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment.</li> <li>19. External Congenital Anomaly or defects or any complications or conditions arising therefrom.</li> <li>20. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured Person was Hospitalized.</li> <li>21. Any stay in Hospital without undertaking any treatment or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in the hospital.</li> <li>22. Treatment taken outside the geographical limits of India.</li> </ol>	<p>E.I.4 to E.I.18 and E.II.3 to E.II.16</p>

		<p>23. Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body.</p> <p>24. Any form of Non-Allopathic treatment (except AYUSH Treatment (In-patient Treatment)), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.</p> <p>25. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack or in any other sequence to the loss.</p> <p>26. All expenses caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.</p> <p>27. All non-medical expenses including convenience items for personal comfort not consistent with or incidental to the diagnosis and treatment of the disease/illness/injury for which the Insured Person was hospitalized - belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses, procedure charges and cost of treatment. For complete list of Non-medical expenses, please refer to the Annexure III List - I "Items for which Coverage is not available in the Policy"</p> <p>28. Any deductible amount or percentage of admissible claim under co-pay if applicable and as specified in the Policy Schedule.</p> <p>29. Existing diseases disclosed by the Insured Person (limited to the extent of the ICD codes mentioned in line with Chapter IV, Guidelines on Standardization of Exclusions in Health Insurance Contracts, 2019), provided the same is applied at the underwriting and consented by You/ Insured Person.</p>	
7	<p><b>Waiting Period</b> This sections lists the applicable period (days/ months) before you can make a claim for the listed diseases/ treatments</p>	<p>1. <b>Initial Waiting Period:</b> First 30 days from the Policy start date, for all Hospitalization due to Illnesses, except Accident.</p> <p>2. <b>Specific Waiting Period (Not Applicable on claim arising due to accidents):</b> 24 Months for following diseases:</p> <ul style="list-style-type: none"> <li>i. Cataract and other disorders of lens and Retina,</li> <li>ii. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus or myomectomy for fibroids unless necessitated by malignancy</li> </ul>	<p>E.I.3</p> <p>E.I.2</p>

		<ul style="list-style-type: none"> <li>iii. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis,</li> <li>iv. Varicose Veins and Varicose Ulcers,</li> <li>v. Stones in the urinary uro-genital and biliary systems including calculus diseases and complications thereof,</li> <li>vi. Benign Prostate Hypertrophy, all types of Hydrocele,</li> <li>vii. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region,</li> <li>viii. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/ throat disorder or surgery,</li> <li>ix. Gastric and duodenal ulcer, any type of Cysts/Nodules/ Polyps/ Benign tumors including internal tumors and skin tumors, and type of breast lumps,</li> <li>x. Any surgery of the genito-urinary system unless necessitated by malignancy.</li> <li>xi. Congenital Internal diseases</li> <li>xii. Rheumatism including the rheumatism of bones, joints and also rheumatic heart disease</li> </ul> <p>If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing the pre-existing waiting periods as mentioned in the Policy Schedule shall apply</p> <p><b>3. Pre-existing disease waiting period: 24 months</b></p> <p><b>4. Personal Waiting period:</b> A Personal waiting period not exceeding 48 months may be applied to individuals depending upon declarations on the proposal form and existing health conditions. Please refer to the “Special Conditions” Column on your Policy Schedule to identify if any personal waiting period is applied to your Policy.</p>	<p>E.I.1</p> <p>E.II.1</p>
--	--	---	----------------------------

		<p><b>5. Mental Illness Cover Waiting Period:</b> A 24 months of waiting period will be applicable for Mental Illness for below mentioned ICD Codes</p> <table border="1"> <thead> <tr> <th data-bbox="443 376 587 454">ICD 10 CODES</th> <th data-bbox="587 376 1340 454">DISEASES</th> </tr> </thead> <tbody> <tr><td data-bbox="443 454 587 499">F05</td><td data-bbox="587 454 1340 499">Delirium due to known physiological condition</td></tr> <tr><td data-bbox="443 499 587 584">F06</td><td data-bbox="587 499 1340 584">Other mental disorders due to known physiological condition</td></tr> <tr><td data-bbox="443 584 587 669">F07</td><td data-bbox="587 584 1340 669">Personality and behavioural disorders due to known physiological condition</td></tr> <tr><td data-bbox="443 669 587 714">F20</td><td data-bbox="587 669 1340 714">Schizophrenia</td></tr> <tr><td data-bbox="443 714 587 759">F23</td><td data-bbox="587 714 1340 759">Brief psychotic disorders</td></tr> <tr><td data-bbox="443 759 587 804">F25</td><td data-bbox="587 759 1340 804">Schizoaffective disorders</td></tr> <tr><td data-bbox="443 804 587 889">F29</td><td data-bbox="587 804 1340 889">Unspecified psychosis not due to a substance or known physiological condition</td></tr> <tr><td data-bbox="443 889 587 934">F31</td><td data-bbox="587 889 1340 934">Bipolar disorder</td></tr> <tr><td data-bbox="443 934 587 978">F32</td><td data-bbox="587 934 1340 978">Depressive episode</td></tr> <tr><td data-bbox="443 978 587 1023">F39</td><td data-bbox="587 978 1340 1023">Unspecified mood [affective] disorder</td></tr> <tr><td data-bbox="443 1023 587 1068">F40</td><td data-bbox="587 1023 1340 1068">Phobic Anxiety disorders</td></tr> <tr><td data-bbox="443 1068 587 1113">F41</td><td data-bbox="587 1068 1340 1113">Other Anxiety disorders</td></tr> <tr><td data-bbox="443 1113 587 1158">F42</td><td data-bbox="587 1113 1340 1158">Obsessive-compulsive disorder</td></tr> <tr><td data-bbox="443 1158 587 1202">F44</td><td data-bbox="587 1158 1340 1202">Dissociative and conversion disorders</td></tr> <tr><td data-bbox="443 1202 587 1247">F45</td><td data-bbox="587 1202 1340 1247">Somatoform disorders</td></tr> <tr><td data-bbox="443 1247 587 1292">F48</td><td data-bbox="587 1247 1340 1292">Other nonpsychotic mental disorders</td></tr> <tr><td data-bbox="443 1292 587 1337">F60</td><td data-bbox="587 1292 1340 1337">Specific personality disorders</td></tr> <tr><td data-bbox="443 1337 587 1382">F84</td><td data-bbox="587 1337 1340 1382">Pervasive developmental disorders</td></tr> <tr><td data-bbox="443 1382 587 1426">F90</td><td data-bbox="587 1382 1340 1426">Attention-deficit hyperactivity disorders</td></tr> <tr><td data-bbox="443 1426 587 1471">F99</td><td data-bbox="587 1426 1340 1471">Mental disorder, not otherwise specified</td></tr> </tbody> </table>	ICD 10 CODES	DISEASES	F05	Delirium due to known physiological condition	F06	Other mental disorders due to known physiological condition	F07	Personality and behavioural disorders due to known physiological condition	F20	Schizophrenia	F23	Brief psychotic disorders	F25	Schizoaffective disorders	F29	Unspecified psychosis not due to a substance or known physiological condition	F31	Bipolar disorder	F32	Depressive episode	F39	Unspecified mood [affective] disorder	F40	Phobic Anxiety disorders	F41	Other Anxiety disorders	F42	Obsessive-compulsive disorder	F44	Dissociative and conversion disorders	F45	Somatoform disorders	F48	Other nonpsychotic mental disorders	F60	Specific personality disorders	F84	Pervasive developmental disorders	F90	Attention-deficit hyperactivity disorders	F99	Mental disorder, not otherwise specified	E.II.2
ICD 10 CODES	DISEASES																																												
F05	Delirium due to known physiological condition																																												
F06	Other mental disorders due to known physiological condition																																												
F07	Personality and behavioural disorders due to known physiological condition																																												
F20	Schizophrenia																																												
F23	Brief psychotic disorders																																												
F25	Schizoaffective disorders																																												
F29	Unspecified psychosis not due to a substance or known physiological condition																																												
F31	Bipolar disorder																																												
F32	Depressive episode																																												
F39	Unspecified mood [affective] disorder																																												
F40	Phobic Anxiety disorders																																												
F41	Other Anxiety disorders																																												
F42	Obsessive-compulsive disorder																																												
F44	Dissociative and conversion disorders																																												
F45	Somatoform disorders																																												
F48	Other nonpsychotic mental disorders																																												
F60	Specific personality disorders																																												
F84	Pervasive developmental disorders																																												
F90	Attention-deficit hyperactivity disorders																																												
F99	Mental disorder, not otherwise specified																																												
8	<p><b>Financial limits of coverage</b> • Sub-limit (it is pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<ol style="list-style-type: none"> <li>The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Not Applicable</li> <li>In case of claim, this policy requires you to share the following sub limits: Expenses exceeding the following Sub-limits Room Rent: Covered up to Single Private A/C Room For ICU - Covered up to Sum Insured</li> </ol>	D.I.1																																										



	<ul style="list-style-type: none"> <li>• Co-payment (it is a specified amount percentage of admissible claim amount to be paid by policyholder / insured).</li> <li>• Deductible (It is specified amount:             <ul style="list-style-type: none"> <li>- up to which and insurance company will not pay any claim, and</li> <li>- which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> </li> <li>• Any other limit (as applicable)</li> </ul>	<p>3. Co-payment xxx%</p> <p><b>*Zonal Co-payment</b> Identification of Zone will be based on the location-City of the proposed Insured Persons.</p> <p>a) Persons paying Zone I premium can avail treatment all over India without any Zonal Co-pay</p> <p>b) Persons paying Zone II premium</p> <ol style="list-style-type: none"> <li>i. Can avail treatment in Zone II and Zone III without any Zonal Co-pay</li> <li>ii. Availing treatment in Zone I will have to bear 10% of each and every claim.</li> </ol> <p>c) Person paying Zone III premium</p> <ol style="list-style-type: none"> <li>i. Can avail treatment in Zone III, without any Zonal Co-pay</li> <li>ii. Availing treatment in Zone II will have to bear 10% of each and every claim.</li> <li>iii. Availing treatment in Zone I will have to bear 20% of each and every claim.</li> </ol> <p>Aforesaid Co-payments for claims occurring outside of the Zone will not apply in case of Hospitalization due to Accident. The aforesaid Co-payments will be applied in conjunction to Section F.II.5 of the Policy.</p> <p>4. Deductible Deductible of Rs. Xxx per policy year on aggregate basis.</p>	<p>F.II.5 &amp; F.II.6</p> <p>D.III.5</p>
<p>9</p>	<p><b>Claims/Claims procedure</b></p>	<p>Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization: To know the process for our cashless and reimbursement claims visit - <a href="https://www.manipalcigna.com/claims">https://www.manipalcigna.com/claims</a></p> <p>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> <li>i. TAT for pre-authorization of cashless facility - within 4 hours from the last complete document.</li> <li>ii. TAT for cashless final bill settlement - within 4 hours from the last complete document</li> </ol> <p>Web links for the followings:</p> <ol style="list-style-type: none"> <li>i. Network hospital details - <a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a></li> <li>ii. Helpline Number - <a href="https://www.manipalcigna.com/claims">https://www.manipalcigna.com/claims</a></li> <li>iii. Hospital which are blacklisted or from where no claims will be accepted by insurer- <a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a></li> <li>iv. Link for downloading claim form - <a href="https://www.manipalcigna.com/downloads/claims">https://www.manipalcigna.com/downloads/claims</a></li> </ol>	<p>G.I</p>
<p>10</p>	<p><b>Policy Servicing</b></p>	<p>For hassle free policy servicing customer can manage their policy by clicking on-<a href="https://eservicing.manipalcigna.com/login">https://eservicing.manipalcigna.com/login</a> or Download myManipalCigna App from Playstore or appstore</p>	

<p>11</p>	<p><b>Grievances/ Complaints</b></p>	<p><b>LEVEL 1</b>  <b>Health Relationship Managers</b>            Call our toll-free number <a href="tel:1800-102-4462">1800-102-4462</a> between 9:00 AM to 9:00 PM.            Email us at <a href="mailto:headcustomercare@manipalcigna.com">headcustomercare@manipalcigna.com</a>            For Senior Citizen Assistance  <a href="mailto:Seniorcitizensupport@ManipalCigna.com">Seniorcitizensupport@ManipalCigna.com</a></p> <p><b>LEVEL 2</b>  <b>Senior Manager – Grievance Cell</b>            Call us on <a href="tel:022-61703600">022-61703600</a> between 10 am to 6 Pm (Monday to Friday)            Email us at <a href="mailto:complaints@manipalcigna.com">complaints@manipalcigna.com</a></p> <p><b>LEVEL 3</b>  <b>Grievance Redressal Officer</b>            Call us on <a href="tel:022-61703603">022-61703603</a> between 10 am to 6 Pm (Monday to Friday)            Email us at <a href="mailto:GRO@manipalcigna.com">GRO@manipalcigna.com</a>            For Senior Citizen Assistance  <a href="mailto:Seniorcitizensupport@ManipalCigna.com">Seniorcitizensupport@ManipalCigna.com</a></p> <p><b>LEVEL 4</b>  <b>Approach Ombudsman</b>            If the channels above have still not met your expectations, you may approach the insurance ombudsman, the office Name and address details applicable for your state can be obtained from <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> <p><b>Note:</b> You may also approach the Insurance ombudsman if your complaint is open for more than 30 days at any of the above levels.</p>	<p>F.I.16</p>
<p>12</p>	<p><b>Things to remember</b></p>	<p><b>Free Look Cancellations:</b> The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.            The insured shall be allowed a period of 30 days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.</p> <p>To avail:</p> <ul style="list-style-type: none"> <li>- Customer can request for cancellation writing to - <a href="mailto:customercare@manipalcigna.com">customercare@manipalcigna.com</a> from the registered email id with us. OR</li> <li>- Customer can also visit any MCHI Branch and give a written request</li> </ul> <p><b>Policy Renewal:</b> The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person.</p>	<p>F.I.15.</p> <p>F.I.10</p>



		<p><b>Change in Sum Insured:</b> Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.</p> <p><b>Moratorium Period:</b> After completion of 60 continuous month of coverage (including portability and migration) under this policy no look back would be applied. This period of 60 months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.</p>	<p>F.II.8.g</p> <p>F.I.12</p>
13	<b>Your Obligations</b>	<p>a. Please disclose all Pre-existing disease/s or condition/s before buying a Policy.</p> <p>b. The Policy shall be null and void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Policyholder. ("Material facts" for the purpose of this Policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)</p>	F.I.1

**Declaration by the Policy Holder:**

I have read the above and confirm having noted the details.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of Policyholder)

**Note:**

- i. Insured/policyholder can get the product related document at <https://eservicing.manipalcigna.com/document-vault>
- ii. In case of any conflict, the terms conditions mentioned in the policy document shall prevail.

(Benefits and exclusion are applicable as per the plan chosen, please refer the policy schedule for the applicable benefits).